

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED KIM, JAE HEE		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-000005-003		5. APPEALS DKT./DEF. NUMBER 1:05-010633-001		
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. KIM		8. PAYMENT CATEGORY Appellant		
9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE (See Instructions) Appeal of Other Matters		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.		
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)						
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).						
14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)					Judge's Initials	
A. Apportioned Cost % of transcript with (Give case name and defendant)						
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Real Time Unedited Transcript						
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions						
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.						
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. _____ Signature of Attorney _____ Printed Name Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date			
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS Telephone Number: _____			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE						
20. TRANSCRIPT	Include Page Numbers	No. of Pages	Rate Per Page	Sub-Total	Less Amount Apportioned	Total
Original						
Copy						
Expenses (Itemize):						
TOTAL AMOUNT CLAIMED:						
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____						
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk _____ Date						
23. APPROVED FOR PAYMENT _____ Signature of Judicial Officer or Clerk _____ Date						24. AMOUNT APPROVED